

Serial No.: 09/772,445 Confirmation No.: 1045

Date: February 7, 2006

## **APPLICATION DATA SHEET**

## **Applicant Information**

Inventor One Given Name::

Family Name::

Name Suffix::

Postal Address Line One::

Postal Address Line Two::

City::

State or Province::

Country:: Postal or Zip Code

Citizenship Country::

Inventor Two Given Name::

Family Name::

Name Suffix::

Postal Address Line One::

Postal Address Line Two::

City::

State or Province::

Country::

Postal or Zip Code

Citizenship Country::

Inventor Three Given Name::

Family Name:: Name Suffix::

Postal Address Line One::

Postal Address Line Two::

City::

State or Province::

Country::

Postal or Zip Code

Citizenship Country::

Inventor Four Given Name::

Family Name::

Name Suffix::

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MALINDA

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Maryland

**United States** 

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**United States** 

Gabriel

SOSNE



Postal Address Line One::

25341 Ronald Court

Postal Address Line Two::

City::

Oak Park

State or Province::

Michigan

Country::

United States

Postal or Zip Code

48239

Citizenship Country::

**United States** 

## **Correspondence Information**

Correspondence Customer Number:: 06449

## **Application Information**

Title Line One::THYMOSIN BETA 4 PROMOTES WOUND REPAIR

Title Line Two:: Title Line Three:: Title Line Four:: Title Line Five:: Title Line Six:: Title Line Seven::

**Total Drawing Sheets:** 

11

Formal Drawings?::

Yes

Application Type::

Utility

Docket Number::

2600-109

Secrecy Order in Parent Appl?::

No

## **Representative Information**

Representative Customer Number:: The practitioners associated

Representative Customer Number:: with customer number 06449

#### **Domestic Priority Information**

This application is a::

Continuation of

>Application One::PCT/US99/17282

Filing Date::

July 29, 1999

Patent Number::



which is a::

Non-provisional of

>>Application Two::

60/094,690

Filing Date::

July 30, 1998

Patent Number::

and which is a::

>>Application Three::

Filing Date::

Patent Number::

This application is a::

>Application Four::

Filing Date::

Patent Number::

# **Foreign Priority Information**

Foreign Application One::

Filing Date::

Country::

Priority Claimed::

## **Assignment Information**

Assignee name::

United States of America-The Secretary of Health

Office of Technology Transfer

6011 Executive Blvd., Suite 325

Street of mailing address::

Street of mailing address::

City of mailing address::

State or Province of

mailing address::

Country of mailing address::

Postal or Zip Code of

mailing address::

Maryland

Rockville

**United States** 

#298928v1<RFDMS> -App Data Sheet

20852-3804